



PARENTAL CONSENT FORM

This form MUST be signed by a parent or legal guardian of any young person (under age 18) participating in organized mission trips sponsored by the Ontario Conference of the Seventh-day Adventist Church. Please submit this completed and signed form to the Ontario Conference together with your Short Term Mission Trip Application form.

Full name of youth if under 18 years old: \_\_\_\_\_

I understand that the Ontario Conference and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that the Ontario Conference, its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of any activity which is part of the above ministry event, including traveling to and from the event.

I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participation in any ministry or activity and I agree to indemnify and save harmless the Ontario Conference of the Seventh-day Adventist Church, its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child as a result of their participation in this ministry UNLESS such injury, loss, damage or harm is caused by the SOLE NEGLIGENCE of the Ontario Conference or its representatives while acting within the scope of their duties.

I hereby grant permission for my child, whose full name appears above, to fully participate in the mission trip. I declare having read and understood the above and hereby consent to my child participating on the basis described. The Ontario Conference of the Seventh-day Adventist Church is solely responsible for the use and protection of any and all personal information collected from registrants.

In addition, permission is hereby given for any photos, videos or other media format of my child to appear in any advertising or reporting material produced by the Ontario Conference or its parent organizations. Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
(Printed name of parent or legal guardian) (Signature) (Date Signed)

\_\_\_\_\_  
(Printed name of parent or legal guardian) (Signature) (Date Signed)

Emergency Contact Information:

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship to child: \_\_\_\_\_